

VISTA DEL CAMINO HOLIDAY ADOPT A FAMILY PROGRAM

I (we) would like to:

1. **Adopt** (# of Families) _____ family/families for **BOTH** Thanksgiving and Christmas with:

- ☐ 1 Child ☐ 2 Children ☐ 3 Children ☐ 4 Children ☐ 5 Children ☐ 6 Children
☐ Senior or Disabled Adult(s)

2. **Adopt** (# of Families) _____ family for **CHRISTMAS ONLY** with:

- ☐ 1 Child ☐ 2 Children ☐ 3 Children ☐ 4 Children ☐ 5 Children ☐ 6 Children
☐ Senior or Disabled Adult(s)

3. **Donate Thanksgiving groceries or grocery store gift cards.** Due to limited freezer space, we ask that you provide a \$25.00 grocery store gift card for purchase of a turkey.

It is not necessary to return this form if you are donating Thanksgiving groceries or gift cards. Please bring your donations to Vista del Camino's location indicated below by (Monday, November 17th 2014).

4. Please make check payable to **Concerned Citizens for Community Health**: \$ _____

5. Give a general donation of food or gifts: _____

Name /Contact Person: _____ **Date:** _____

Organization: _____

Address: (*Business or Home*) _____

City: _____ **State:** _____ **Zip:** _____

COS mail code if applicable: _____

Day Phone: _____ **Evening Phone:** _____

Fax: _____ **E-mail address:** _____

If you need additional information please contact Eddie at (480) 312-0063.

You may also call 480-312-give (4483)

Or

E-Mail us at 480-312-give@scottsdaleaz.gov

Please Return This Form By: (Friday, November 7th 2014)



Vista Del Camino Center
7700 E. Roosevelt St
Scottsdale, Arizona 85257
Phone: (480) 312-2323
Fax: (480) 312-7715

